U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LAPOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 02882	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Frank I Migliaccio	Name IRON WORKERS AFL-CIO
	Labor Organization File Number 000-052
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1750 New York Avenue, N.W.	Street 1750 New York Avenue, N.W.
City Washington	City Washington
State District of Columbia ZIP Code + 4 20006 5301	che State District in formation property and the period of
5. Position in labor organization. Executive Director of Safety	Commentation of the Comment of the C
हार्ट ं Enter appropriate data below If, during the past fiscal year, you or your sp	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
हार्ट ं Enter appropriate data below If, during the past fiscal year, you or your sp	derived income or other economic benefit of ion represents or is actively seeking to represent.
2! Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc	derived income or other economic benefit of
2/ Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of ion represents or is actively seeking to represent.
2 Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent.
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2' Enter appropriate data below if, during the past fiscal year, you or your specified in the except as specified in the except a	derived income or other economic benefit of iton represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 1.9 Mainte of puteracy incomestation and income in the information represents or is actively seeking to represent. 7.b. Amount. 1.9 Mainte of puteracy incomestation and income in the information range and other applicable penalties of the law, that all of the information range documents), has been examined by the signatory and is, to the best of the
2! Einter appropriate data below if, during the past fiscal year, you or your spectred as specified in the exc. A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizated. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street End socress of Employer (undered hade usine a sum. City State (State of Series of Employer) (undered hade usine a sum.) State (State of Series of Employer) (undered hade usine a sum.) State of Series of Employer (undered hade usine a sum.) State of Series of Employer (undered hade usine a sum.) State of Series of Employer (undered hade usine a sum.) State of Series of Employer (undered hade usine a sum.) State of Series of Employer (undered hade usine a sum.) State of Series of Employer (undered hade usine a sum.) State of Series of Employer (undered hade usine a sum.) State of Series of Employer (undered hade usine a sum.) State of Series of Employer (undered hade usine a sum.) State of Series of Employer (undered hade usine a sum.)	The derived income or other economic benefit of siton represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 1.9 Marke of priesers income actively action and the information represents on the information represents of the information represents of the information represents of the information by the signatory and is, to the best of the certain of the information by the signatory and is, to the best of the certain of the information by the signatory and is, to the best of the certain of the information by the signatory and is, to the best of the certain of the information by the signatory and is, to the best of the certain of the information by the signatory and is, to the best of the certain of the information by the signatory and is, to the best of the certain of the information by the signatory and is, to the best of the certain of the information by the signatory and is, to the best of the certain of the information by the signatory and is, to the best of the certain of the information by the signatory and is, to the best of the certain of the information in the information by the signatory and is, to the best of the certain of the information in the

Name of Person Filing Frank Migliaccio	File Number U- 02882					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Shelton Law Firm Trade Name, if any: P.O. Box, Bldg., Room No., if any 14th Floor Street 2777 Allen Parkway City Houston State Texas ZIP Code + 4 77019	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	A firm with health and safety concerns. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Flight to Tulsa Oklahoma, breakfast, dinner, magazine subscription (Shooting Sportsman), and hotel room. Approximate value \$1,212.00					
C. Received from any employer (other than an employer covered under	or parts A and B above)					
or from any labor relations consultant to an employer any payment of money	or other thing of value.					
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment. n/a					
Name n/a Trade Name, if any: n/a P.O. Box, Bldg., Room No., if any n/a Street n/a City n/a State ZIP Code + 4	ıı/a					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					

	Name of Person Filing	Frank	Miali	accio
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Fisher, Boyd, Brown, Boudreaux, & Huguenard	a. Labor Organization	
P.O. Box, Bldg., Room No., if any 14th Floor, Riviana Bldg.	b. Trust	
Street 2777 Allen Parkway	c. Employer	
City Houston		
State Texas ZIP Code + 4 77019		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Name	A firm with Health & Safety conce	rns.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	A two day pheasant hunt, with roo game carry bag, and a M2 Bennelli Approximate value \$3,500.00	
	12.b. Amount.	\$3,500